


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000093125	
1. Entity Name TRUCK INSURANCE SPECIALIST, INC.	

Principal Place of Business 280 E MAIN ST BARTOW, FL 33830 US	Mailing Address PO BOX 9007 BARTOW, FL 33830 US
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**DO NOT WRITE IN THIS SPACE**



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3481820	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

KIRCHEN, RICHARD F  
500 N. WESTSHORE BLVD., SUITE 850  
TAMPA, FL 33609

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO KIRCHEN, RICHARD F 500 N. WESTSHORE BLVD., STE. 850 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CAMPANO, E. LUIS 280 E MAIN ST BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000008058  
01/20/04-80049-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-1403 863/579-5678 Ext 2  
Date Daytime Phone #